

Produce Safety Program

Compost Treatment Record (REQUIRED)

Name and Address of Farm: _____

Use one sheet for each row or pile.

Date Turned	(Temp/Time) Test Area 1	(Temp/Time) Test Area 2	(Temp/Time) Test Area 3	(Temp/Time) Test Area 4	Initials

Thermophilic Composting: Activity: ☐ Static ☐ Turned

Other Compost Method: _____ Date Piled: _____ Row Number/Name: _____

Date Finished: _____ List all Ingredients added to compost: _____

Reviewed By:		Title:		Date:	
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